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Bib Data Sheet

CONFIRMATION NO. 9611

<b>SERIAL NUMBER</b> 09/955,326	<b>FILING DATE</b> 09/18/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> 915.393
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *yes NRI*  
UNITED KINGDOM 0024201.6 10/03/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/17/2001**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Mew N</i> Examiner's Signature	<i>NRI</i> Initials			

**ADDRESS**  
4955

**TITLE**  
Smart card reader module

<b>FILING FEE RECEIVED</b> 836	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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